



Program Representative: Marie Ricketts

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NORTH DAKOTA PHEVR/MRC APPLICATION

This application is to identify volunteers interested in assisting in public health emergency response in order to pre-credential a reserve base of volunteers for response to trainings, exercises and real events. If interested in participating, please complete this application.

NAME _____ PROFESSION _____ Lic# _____

ADDRESS _____ CITY _____

ZIP CODE _____ TELEPHONE (Home) _____

SSN _____ (Mobile) _____

DATE OF BIRTH _____ EMAIL _____

COUNTY OF CURRENT RESIDENCE _____

BACKGROUND INFORMATION

It is imperative that security be provided as part of the emergency response process.

(Please check the appropriate box)

☐ Yes ☐ No Have you been convicted of a felony or misdemeanor? If yes, please identify offense and date.

☐ Yes ☐ No I consent to a Criminal Background Check by the appropriate law enforcement agency.
(Volunteers may be handling/working with medical/vaccine products.)

Medical Volunteer Needs: *(Medical experience required)*

- | | |
|--|--|
| <input type="checkbox"/> Nurse LPN, RN, APRN, NP | <input type="checkbox"/> Pharmacist |
| <input type="checkbox"/> CNA, Medication Assistant | <input type="checkbox"/> Medical Doctor MD, DO, PA |
| <input type="checkbox"/> Dentist/Dental Assistant | <input type="checkbox"/> EMT/EMR/Paramedic |
| <input type="checkbox"/> Phlebotomist | <input type="checkbox"/> Social Worker |
| <input type="checkbox"/> Veterinarian | |

Non Medical Volunteer Needs:

- | | |
|---|--|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Security/Safety |
| <input type="checkbox"/> Logistics/Supplies | <input type="checkbox"/> Interpreter – <i>Language(s) spoken</i> _____ |
| <input type="checkbox"/> Communication Support | <input type="checkbox"/> Technology Support |
| <input type="checkbox"/> Driver <i>CDL#</i> _____ | <input type="checkbox"/> General Volunteer Assistance |
| <input type="checkbox"/> Clergy | |

Thank you for expressing your interest in supporting your community.

Volunteer Signature

Date

Please fill out the application and return to:

PHEVR/MRC Program, ND Department of Health, 918 East Divide Avenue, Bismarck, ND 58501